## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

34753 /79317

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                               |                              |                  |     | SMALL ENTITY TYPE   |                         | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|--|---|--------------|-------------------------------|------------------------------|------------------|-----|---------------------|-------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | 6            |                               | 4                            |                  |     | RATE                | FEE                     |                            | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |                               | NUMB                         | ER EXTRA         |     | BASIC FEE           | 355.00                  | OR                         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 6 minus 20=  |                               | • 0                          |                  | ]   | X\$ 9=              |                         | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =  |                               | * ~                          | •                |     | X40=                |                         | OR                         | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |                               |                              |                  | ]   | +135=               |                         | OR                         | +270=               |                        |
| * If the difference in column 1 is less than zero, enter   |  |   |              |                               | r "0" in c                   | olumn 2          |     | TOTAL               | 355                     | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |              |                               |                              |                  | 3)  | SMALL E             |                         | OR                         | OTHER<br>SMALL      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE/ |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · ()                                      | Minus        | ** 2                          |                              | =                | 4   | X\$ 9=              |                         | OR                         | X\$18=              | $\int$                 |
|  | Independent  | * /<br>NTATION OF MI                      | Minus        | ***                           | TCLAIM                       | =                | 4 1 | X40=                |                         | OR                         | X80=                |                        |
|  |  | WIATION OF WA                             | DETIFEE DEF  | ENDEN                         | CLAIM                        | \                | ┙╽  | +135=               |                         | OR                         | +270=               |                        |
|  |  |   |              |                               |                              |                  | •   | TOTAL<br>ADDIT. FEE |                         | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |              |                               | mn 2)                        | (Column :        |     |                     |                         |                            |                     | ,                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE  |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                            |                              | = .              |     | X\$ 9=              | :                       | OR                         | X\$18=              |                        |
|  | Independent  | *<br>NTATION OF M                         | Minus        | ***                           | T CL AIM                     | = '              | -[  | X40=                |                         | OR                         | X80=                |                        |
|  | THOTTHEOL  | THATION OF M                              | JETH LE DEI  | LIVELIV                       | OLAM                         |                  | _   | +135=               | ·                       | OR                         | +270=               |                        |
|  |  |   |              |                               |                              |                  | •   | TOTAL<br>ADDIT. FEE |                         | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  | I Comment with the second comment  | (Column 1)                                |              |                               | mn 2)                        | (Column          | 3)  |                     |                         |                            |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE  |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                            |                              | =                |     | X\$ 9=              |                         | OR                         | X\$18=              |                        |
|  | Independent  | *   | Minus        | ***                           | T CL AIN                     | ]=               | _   | X40=                |                         | OR                         | X80=                |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                              |                  |     | +135=               |                         | OR                         | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |              |                               |                              |                  |     |                     |                         |                            | TOTAL               |                        |
|  | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                              |                  |     |                     |                         |                            |                     |                        |